

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024266

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 297

FILED JUN 26 1962

Primary Registration District No. 4446

Registrar's No. 68

VS 300  
Rev. 4/59

1 0890

2 0890

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4 0

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7 0

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9 443X

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12 90-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>RAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>HARDIN</b>		c. CITY OR TOWN <b>HARDIN</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>HOME</b>		d. STREET ADDRESS (If outside, give location) <b>—</b>	
3. NAME OF DECEASED (Type or print) First <b>MELVIN</b> Middle <b>ARTHUR</b> Last <b>UNDERWOOD</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>15</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 13, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GROCERYMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETAIL GROCERY</b>	
11a. FATHER'S NAME <b>MARTIN L. UNDERWOOD</b>		11b. MOTHER'S MAIDEN NAME <b>ADDIE F. CREWS</b>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		13. INFORMANT <b>ORVILLE L. UNDERWOOD - HARDIN Mo.</b>	
14. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Hypertensive Heart Disease</b>		15. INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary Emphysema - Atelectasis l.f. lung</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:15</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY	
20g. STATE		20h. CITY, TOWN, OR LOCATION	
20i. COUNTY		20j. STATE	
21. I attended the deceased from <b>1961</b> to <b>1962</b> and last saw him alive on <b>6-15-62</b> Death occurred at <b>6:15</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <b>John W. Rogan O.O.</b>	
22a. ADDRESS <b>Hardin, Mo.</b>		22b. DATE SIGNED <b>6-17-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-17-62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>HARDIN CEM.</b>		23d. LOCATION (City, town, or county) <b>HARDIN, Mo.</b>	
24. FUNERAL DIRECTOR <b>BORCHERS-ING-FUN. HOME - HARDIN, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-24-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>		27. REGISTRAR'S SIGNATURE	

JUL 13 1962

MAY 28 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*August Borchert*

Licensed Embalmer No.

*4678*

P. O. Address

*Hardin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.